24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Dental Association Independent Expenditures Committee	C C00488338
	5 222 30000
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee Strategic Impact	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination
Mailing Address 1890 Star Shoot Pkwy	
# 17-250	Amount
City State Zip Code	7188.04
Lexington KY 40509-4566	Transaction ID : EC948FA0C3C144B7B890 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail-Primary GA-03 Category/ Type	05
	ee Sought: X House District: 03
Dr. Drew Ferguson Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Disb 2016	oursement For: X Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Evpanditure	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calondar Tour To Bato	oursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	7188.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7188.04
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Signature	